



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

Molina Healthcare of Michigan, Inc.

NAIC Group Code	<u>1531</u> (Current)	<u>1531</u> (Prior)	NAIC Company Code	<u>52830</u>	Employer's ID Number	<u>38-3341599</u>
Organized under the Laws of	<u>Michigan</u>		State of Domicile or Port of Entry		<u>MI</u>	
Country of Domicile	<u>United States of America</u>					
Licensed as business type:	<u>Health Maintenance Organization</u>					
Is HMO Federally Qualified?	Yes [] No [X]					
Incorporated/Organized	<u>02/12/1997</u>		Commenced Business		<u>01/01/1998</u>	
Statutory Home Office	<u>880 W. Long Lake Rd., Suite 600</u> (Street and Number)		<u>Troy, MI, US 48068-4504</u> (City or Town, State, Country and Zip Code)			
Main Administrative Office	<u>880 W. Long Lake Rd., Suite 600</u> (Street and Number)		<u>Troy, MI, US 48068-4504</u> (City or Town, State, Country and Zip Code)		<u>248-925-1700</u> (Area Code) (Telephone Number)	
Mail Address	<u>880 W. Long Lake Rd., Suite 600</u> (Street and Number or P.O. Box)		<u>Troy, MI, US 48068-4504</u> (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	<u>880 W. Long Lake Rd., Suite 600</u> (Street and Number)		<u>Troy, MI, US 48068-4504</u> (City or Town, State, Country and Zip Code)		<u>248-925-1700</u> (Area Code) (Telephone Number)	
Internet Website Address	<u>www.molinahealthcare.com</u>					
Statutory Statement Contact	<u>Aarati M Mehta</u> (Name)		<u>614-392-3818</u> (Area Code) (Telephone Number)			
	<u>aarati.mehta@molinahealthcare.com</u> (E-mail Address)		<u>562-437-7235</u> (FAX Number)			

OFFICERS

President	<u>Christine Margaret Surdock</u>	Secretary	<u>Jeffrey Don Barlow</u>
Chief Financial Officer	<u>Josephine Ida Piraneo</u>		

OTHER

DIRECTORS OR TRUSTEES

<u>Christine Margaret Surdock</u>	<u>Matthew Carter Schuerman</u>	<u>Scott Robert Johnson</u>
<u>Amy Margaret Conn</u>	<u>Joanne Carol Smith</u>	<u>Marissa Ann Morgan</u>

State of Michigan SS:
County of Oakland

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Christine Margaret Surdock
President

Josephine Ida Piraneo
Chief Financial Officer

Jeffrey Don Barlow
Secretary

Subscribed and sworn to before me this _____ day of _____

- a. Is this an original filing? _____ Yes [X] No []
b. If no,
1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 1st
day of May, 2021, by Jeff Barlow

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



(Seal)

Signature

A handwritten signature in blue ink, appearing to read 'Michelle Leventon', written over a horizontal line.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	139,984,063		139,984,063	164,283,793
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$(6,187,954)), cash equivalents (\$274,620,772) and short-term investments (\$)	268,432,818		268,432,818	238,034,912
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	408,416,881	0	408,416,881	402,318,705
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	511,590		511,590	728,429
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	81,269,699		81,269,699	70,632,765
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums (\$1,102,579) and contracts subject to redetermination (\$27,964,385)	29,066,964		29,066,964	19,870,945
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,454		1,454	1,454
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	20,914,682		20,914,682	20,926,632
18.2 Net deferred tax asset	17,143,792	7,078,463	10,065,329	9,711,483
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	20,325	20,325	0	0
21. Furniture and equipment, including health care delivery assets (\$)	2,115,982	2,115,982	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$25,343,567) and other amounts receivable	61,008,010	35,664,443	25,343,567	26,148,980
25. Aggregate write-ins for other than invested assets	25,942,077	12,627,281	13,314,796	13,669,560
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	646,411,456	57,506,494	588,904,962	564,008,953
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	646,411,456	57,506,494	588,904,962	564,008,953
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid expenses/deposits	232,883	232,883	0	0
2502. Goodwill and intangible assets	25,709,194	12,394,398	13,314,796	13,669,560
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	25,942,077	12,627,281	13,314,796	13,669,560

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	173,881,729	180,818	174,062,547	165,041,019
2. Accrued medical incentive pool and bonus amounts	19,978,728		19,978,728	13,306,367
3. Unpaid claims adjustment expenses	2,819,027	3,387	2,822,414	2,721,322
4. Aggregate health policy reserves, including the liability of \$3,452,556 for medical loss ratio rebate per the Public Health Service Act	144,402,934		144,402,934	111,997,586
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	1,444,896		1,444,896	1,349,548
9. General expenses due or accrued	48,540,379		48,540,379	42,057,881
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	0
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	964,302
12. Amounts withheld or retained for the account of others.....			0	0
13. Remittances and items not allocated			0	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	7,991,635		7,991,635	20,055,059
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers).....			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	7,134,551		7,134,551	25,085,332
23. Aggregate write-ins for other liabilities (including \$25,998,788 current)	25,998,788	0	25,998,788	21,353,894
24. Total liabilities (Lines 1 to 23)	432,192,667	184,205	432,376,872	403,932,310
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	159,000	159,000
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	82,404,971	82,404,971
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	73,964,119	77,512,672
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	156,528,090	160,076,643
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	588,904,962	564,008,953
DETAILS OF WRITE-INS				
2301. Amounts due to government agencies	25,998,788		25,998,788	21,353,894
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	25,998,788	0	25,998,788	21,353,894
2501.	XXX	XXX		0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	1,220,893	1,099,470	4,567,740
2. Net premium income (including \$ non-health premium income).....	XXX	489,023,201	459,325,556	1,781,927,455
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(25,207,897)	(1,087,358)	(96,917,158)
4. Fee-for-service (net of \$ medical expenses).....	XXX			
5. Risk revenue	XXX			
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	463,815,304	458,238,198	1,685,010,297
Hospital and Medical:				
9. Hospital/medical benefits		241,934,508	214,293,651	820,456,395
10. Other professional services		10,354,835	10,401,140	35,830,590
11. Outside referrals	473,295	14,564,306	12,660,343	49,814,578
12. Emergency room and out-of-area		42,080,642	36,849,434	140,351,097
13. Prescription drugs		76,617,196	50,170,400	207,716,011
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		9,628,748	1,892,971	31,706,019
16. Subtotal (Lines 9 to 15)	473,295	395,180,235	326,267,939	1,285,874,690
Less:				
17. Net reinsurance recoveries			784,903	787,608
18. Total hospital and medical (Lines 16 minus 17)	473,295	395,180,235	325,483,036	1,285,087,082
19. Non-health claims (net)				
20. Claims adjustment expenses, including \$12,795,523 cost containment expenses		15,586,974	13,299,327	54,856,199
21. General administrative expenses		54,485,924	84,109,782	258,215,667
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only)				0
23. Total underwriting deductions (Lines 18 through 22).....	473,295	465,253,133	422,892,145	1,598,158,948
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(1,437,829)	35,346,053	86,851,349
25. Net investment income earned		765,902	1,840,073	4,787,136
26. Net realized capital gains (losses) less capital gains tax of \$(59,823)		225,047	714,601	716,915
27. Net investment gains (losses) (Lines 25 plus 26)	0	990,949	2,554,674	5,504,051
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].				
29. Aggregate write-ins for other income or expenses	0	(394)	0	53
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	(447,274)	37,900,727	92,355,453
31. Federal and foreign income taxes incurred	XXX	(47,872)	14,884,260	26,950,463
32. Net income (loss) (Lines 30 minus 31)	XXX	(399,402)	23,016,467	65,404,990
DETAILS OF WRITE-INS				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Fines and penalties		(394)	0	53
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	(394)	0	53

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	160,076,643	210,252,543	210,252,543
34. Net income or (loss) from Line 32	(399,402)	23,016,467	65,404,990
35. Change in valuation basis of aggregate policy and claim reserves			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 2,540	9,556	(202,974)	(25,148)
37. Change in net unrealized foreign exchange capital gain or (loss)			
38. Change in net deferred income tax	793,565	731,695	1,363,556
39. Change in nonadmitted assets	(3,952,272)	(575,908)	(919,298)
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in			0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)			
45.3 Transferred from capital			
46. Dividends to stockholders		0	(116,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0	0
48. Net change in capital & surplus (Lines 34 to 47)	(3,548,553)	22,969,280	(50,175,900)
49. Capital and surplus end of reporting period (Line 33 plus 48)	156,528,090	233,221,823	160,076,643
DETAILS OF WRITE-INS			
4701.			
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance	480,163,639	418,084,969	1,793,457,475
2. Net investment income	1,167,847	2,145,840	5,796,380
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	481,331,486	420,230,809	1,799,253,855
5. Benefit and loss related payments	383,558,592	315,677,957	1,286,082,797
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7. Commissions, expenses paid and aggregate write-ins for deductions	79,789,270	86,520,033	300,352,397
8. Dividends paid to policyholders			
9. Federal and foreign income taxes paid (recovered) net of \$ 59,283 tax on capital gains (losses)	0	0	46,630,000
10. Total (Lines 5 through 9)	463,347,862	402,197,990	1,633,065,194
11. Net cash from operations (Line 4 minus Line 10)	17,983,624	18,032,819	166,188,661
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	24,411,591	33,429,159	49,013,663
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	23	23
12.7 Miscellaneous proceeds	0	1,559,523	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	24,411,591	34,988,705	49,013,686
13. Cost of investments acquired (long-term only):			
13.1 Bonds	0	63,480,645	63,448,580
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	63,480,645	63,448,580
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	24,411,591	(28,491,940)	(14,434,894)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	116,000,000
16.6 Other cash provided (applied)	(11,997,309)	7,439,651	13,335,545
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(11,997,309)	7,439,651	(102,664,455)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) ..	30,397,906	(3,019,470)	49,089,312
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	238,034,912	188,945,600	188,945,600
19.2 End of period (Line 18 plus Line 19.1)	268,432,818	185,926,130	238,034,912

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	399,622	9,587	0	0	0	0	0	26,757	363,278	0
2. First Quarter	409,637	12,123						26,865	370,649	
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,220,893	37,599						80,212	1,103,082	
Total Member Ambulatory Encounters for Period:										
7. Physician	701,110	14,923						124,350	561,837	
8. Non-Physician	404,862	6,054						55,633	343,175	
9. Total	1,105,972	20,977	0	0	0	0	0	179,983	905,012	0
10. Hospital Patient Days Incurred	51,019	435						15,595	34,989	
11. Number of Inpatient Admissions	9,531	100						1,855	7,576	
12. Health Premiums Written (a)	489,364,242	11,545,551						131,336,986	346,481,705	
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	464,156,346	10,948,481						128,168,862	325,039,003	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services.....	380,465,208	8,046,266						102,861,611	269,557,331	
18. Amount Incurred for Provision of Health Care Services	395,180,235	8,218,625						105,143,703	281,817,907	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$131,336,986

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Michigan, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

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UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	1,973,168	6,073,098	477,044	2,981,890	2,450,212	3,052,103
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare	33,083,120	69,778,491	9,707,866	49,897,931	42,790,986	61,001,996
7. Title XIX - Medicaid	62,619,127	206,938,204	19,865,602	91,132,214	82,484,729	100,986,920
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	97,675,415	282,789,793	30,050,512	144,012,035	127,725,927	165,041,019
10. Healthcare receivables (a)	31,990,828	26,212,405		2,179,445	31,990,828	56,447,430
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts	2,956,387		19,978,728		22,935,115	13,306,367
13. Totals (Lines 9-10+11+12)	68,640,974	256,577,388	50,029,240	141,832,590	118,670,214	121,899,956

(a) Excludes \$ 625,331 loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

The interim financial information presented below has been prepared under the assumption that users of such interim financial information have either read or have access to the annual statement of Molina Healthcare of Michigan, Inc. (the Plan) for the fiscal year ended December 31, 2020. Accordingly, footnote disclosures that would substantially duplicate the disclosures contained in the December 31, 2020 annual statement or audited financial statements have been omitted.

NOTE 1 Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The Plan is a wholly owned subsidiary of Molina Healthcare, Inc. (Molina, or the Parent). The financial statements of the Plan are presented on the basis of accounting practices prescribed or permitted by the State of Michigan, Department of Insurance and Financial Services (the Department).

The Department recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Michigan insurance law. The National Association of Insurance Commissioners' Accounting Practices and Procedures Manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

Such prescribed accounting practices have no significant effect on the Plan's statutory basis financial statements for the periods presented.

	SSAP #	F/S Page	F/S Line #	2021	2020
NET INCOME					
(1) State basis (Page 4, Line 32, Columns 2 & 4)	XXX	XXX	XXX	\$ (399,402)	\$ 65,404,990
(2) State Prescribed Practices that are an increase/ (decrease) from NAIC SAP:					
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(4) NAIC SAP (1-2-3=4)	XXX	XXX	XXX	\$ (399,402)	\$ 65,404,990
SURPLUS					
(5) State basis (Page 3, Line 33, Columns 3 & 4)	XXX	XXX	XXX	\$ 156,528,090	\$ 160,076,643
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP:					
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP:					
(8) NAIC SAP (5-6-7=8)	XXX	XXX	XXX	\$ 156,528,090	\$ 160,076,643

B. Use of Estimates in the Preparation of the Financial Statements: No significant change.

C. Accounting Policy

- (1) No significant change.
- (2) Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method: No significant change.
- (3) - (5) No significant changes.
- (6) Basis for Loan-Backed Securities and Adjustment Methodology:

Loan-backed securities are stated at amortized cost or lower of amortized cost or fair value. The Plan's investments in loan-backed securities consist of [asset-backed securities and mortgage-backed securities and auction rate securities.] Prepayment assumptions using a prospective approach were obtained from broker-dealer survey values or internal estimates.

(7) - (13) No significant changes.

D. Going Concern: The Plan is not aware of any relevant conditions or events that raise substantial doubt about its abilities to continue as a going concern.

NOTE 2 Accounting Changes and Corrections of Errors

None.

NOTE 3 Business Combinations and Goodwill

None.

NOTE 4 Discontinued Operations

None.

NOTE 5 Investments

A. - C. None.

D. Loan-Backed Securities

As of March 31, 2021, the Plan's long-term investments include asset backed securities and mortgage backed securities.

(1) Description of Sources Used to Determine Prepayment Assumptions: Prepayment assumptions for mortgage-backed securities, collateralized mortgage obligations and other structure securities were generated using a purchased prepayment model. The prepayment model uses a number of factors to estimate prepayment activity including the time of year (seasonally), current levels of interest rates (refinancing incentive), economic activity (including housing turnover) and term and age of the underlying collateral (burnout, seasoning). On an ongoing basis, the rate of prepayment is monitored and model is calibrated to reflect actual experience, market factors and view point.

(2), (3) Recognized other-than-temporary impairment (OTTI) securities: None.

NOTES TO FINANCIAL STATEMENTS

- (4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):
- | | |
|--|--------------|
| a) The aggregate amount of unrealized losses: | |
| 1. Less than 12 Months | \$ 250,630 |
| 2. 12 Months or Longer | |
| b)The aggregate related fair value of securities with unrealized losses: | |
| 1. Less than 12 Months | \$ 9,404,432 |
| 2. 12 Months or Longer | |
- (5) Information Investor Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary: Because the decline in the market values of the securities was not due to the credit quality of the issuers, and because the Plan does not intend to sell nor does it expect to be required to sell these securities before a recovery in their cost basis, the Plan does not consider the securities to be other-than-temporarily impaired at March 31, 2021.

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions: None.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing: None.
- H. Repurchase Agreements Transactions Accounted for as a Sale: None.
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale: None.
- J. Real Estate: None.
- K. Low Income Housing tax Credit: None.
- L. Restricted Assets: No significant change.
- M. Working Capital Finance Investments: None.
- N. Offsetting and Netting of Assets and Liabilities: None.
- O. 5GI Securities: None.
- P. Short Sales: None.
- Q. Prepayment Penalty and Acceleration Fees: None.
- R. Reporting Entity's Share of Cash Pool by Asset Type: None.

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

None.

NOTE 7 Investment Income

No significant change.

NOTE 8 Derivative Instruments

None.

NOTE 9 Income Taxes

No significant change.

NOTE 10 Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- A. No significant change.
- B. The Plan neither paid dividends to, nor received contributions from Molina during the period ended March 31, 2021.
- C. Transactions with related party who are not reported on Schedule Y: None,
- D. - O. No significant changes.

NOTE 11 Debt

- A. None.
- B. Federal Home Loan Bank Agreements: None.

NOTE 12 Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. - D. Defined Benefit Plan: None.
- E. Defined Contribution Plan: No significant change.
- F. Multiemployer Plans: None.
- G. Consolidated/Holding Company Plans: No significant change.
- H. Postemployment Benefits and Compensated Absences: None
- I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17): None.

NOTE 13 Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

- A. - C. No significant changes.

NOTES TO FINANCIAL STATEMENTS

- D. Refer to Note 10B.
- E. - M. No significant changes.

NOTE 14 Liabilities, Contingencies and Assessments

No significant changes.

NOTE 15 Leases

No significant changes.

NOTE 16 Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

None.

NOTE 17 Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

- A. Transfers of Receivables Reported as Sales: None.
- B. Transfer and Servicing of Financial Assets: None.
- C. Wash Sales: None.

NOTE 18 Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

- A. Administrative Services Only (ASO) Plans:

The gain from operations from ASO uninsured plans and the uninsured portion of partially insured plans was as follows during 2021:

	ASO Uninsured Plans	Uninsured Portion of Partially Insured Plans	Total ASO
a. Net reimbursement for administrative Expenses (including administrative fees) in excess of actual expenses		\$ 149,611	\$ 149,611
b. Total net other income or expenses (including interest paid to or received from plans)			\$ -
c. Net gain or (loss) from operations	\$ -	\$ 149,611	\$ 149,611
d. Total claim payment volume		\$ 139,900,645	\$ 139,900,645

- B. Administrative Services Contract Plans: None.
- C. No significant change.

NOTE 19 Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

NOTE 20 Fair Value Measurements

- A. Fair Value Measurements

(1) Fair Value Measurements at Reporting Date: The Plan's assets measured and reported at fair value on a recurring basis are listed in the table below. The Plan receives monthly statements from investment brokers that provide market pricing. There were no transfers between Level 1 and Level 2 of the fair value hierarchy.

Description for each class of asset	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Total
a. Assets at fair value					
Industrial & miscellaneous		\$ 473,998			\$ 473,998
Other money market mutual funds				\$ 187,310,375	\$ 187,310,375
Total assets at fair value/NAV	\$ -	\$ 473,998	\$ -	\$ 187,310,375	\$ 187,784,373

- (2) Fair Value Measurements in Level 3 of the Fair Value hierarchy: None.
- (3) Policy for determining when transfers between levels are recognized: The actual date of the event or change in circumstances that caused the transfer.
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement: Level 2 financial instruments include investments that are traded frequently though not necessarily daily. Fair value for these securities is determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets.
- (5) Derivative Assets and Liabilities: None

- B. Fair Value Reporting under Statement of Statutory Accounting Principles No. 100, Fair Value Measurements, and Other Accounting Pronouncements: In addition to bonds and short-term investments (see below), the Plan's statutory basis balance sheets typically include the following financial instruments: investment income due and accrued, federal income tax recoverable (payable), receivables, and current liabilities. The Plan believes the carrying amounts of these financial instruments approximate the fair value of these financial instruments because of the relatively short period of time between the origination of the instruments and their expected realization or payment.

- C. Aggregate Fair Value Hierarchy

The aggregate fair value hierarchy of all financial instruments as of March 31, 2021 is presented in the table below:

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Industrial & miscellaneous	\$ 203,471,281	\$ 200,768,356		\$ 203,471,281			

NOTES TO FINANCIAL STATEMENTS

Special revenue & special assessments	\$ 20,503,572	\$ 20,226,971		\$ 20,503,572			
Other Governments	\$ 6,299,133	\$ 6,299,133		\$ 6,299,133			
Open depositories	\$ (6,187,954)	\$ (6,187,954)	\$ (6,187,954)				
Other money market mutual funds	\$ 187,310,375	\$ 187,310,375				\$ 187,310,375	
Total financial instruments	\$ 411,396,407	\$ 408,416,881	\$ (6,187,954)	\$ 230,273,986		\$ 187,310,375	

D. Not Practicable to Estimate Fair Value: None.

E. NAV Practical Expedient Investments: None.

NOTE 21 Other Items

A. - B. No significant changes.

C. Other Disclosures and Unusual Items:

The Department imposes requirements on the Plan with regards to working capital. For purposes of calculating working capital the Plan excludes amounts that are payable beyond one year. At March 31, 2021, the Plan excluded \$20.4 million from aggregate health policy reserves relating to State Fiscal Year 2021 Medicaid risk corridor. As of March 31, 2021, the Plan is in compliance with the working capital requirements.

As the COVID-19 pandemic continues to evolve, its ultimate impact to the Plan's business, results of operations, financial condition and cash flows is uncertain and difficult to predict. The Plan continues to monitor and assess the estimated operating and financial impact of the COVID-19 pandemic, and as the pandemic evolves, the Plan continues to process, assemble, and assess utilization information. The Plan believes that its cash flow generated from operations will be sufficient to withstand the financial impact of the pandemic, and will enable it to continue to support operations, regulatory requirements, and capital expenditures for the foreseeable future.

D. - I. No significant changes.

NOTE 22 Events Subsequent

Subsequent events were considered through May 14, 2021, the date the statutory financial statements were available to be issued.

NOTE 23 Reinsurance

A. - D. No significant changes.

E. Reinsurance Credit: No significant change.

NOTE 24 Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. - D. No significant changes.

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)? Yes [X] No []

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year Amount

a. Permanent ACA Risk Adjustment Program									
Assets									
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)									
Liabilities									
2. Risk adjustment user fees payable for ACA Risk Adjustment									
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)									
Operations (Revenue & Expense)									
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment									
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)									
b. Transitional ACA Reinsurance Program									
Assets									
1. Amounts recoverable for claims paid due to ACA Reinsurance									
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)									
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance									
Liabilities									
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium									
5. Ceded reinsurance premiums payable due to ACA Reinsurance									
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance									
Operations (Revenue & Expense)									
7. Ceded reinsurance premiums due to ACA Reinsurance									
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments									
9. ACA Reinsurance contributions – not reported as ceded premium									
c. Temporary ACA Risk Corridors Program									
Assets									
1. Accrued retrospective premium due to ACA Risk Corridors									
Liabilities									
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors									
Operations (Revenue & Expense)									
3. Effect of ACA Risk Corridors on net premium income (paid/received)									
4. Effect of ACA Risk Corridors on change in reserves for rate credits									

(3) Roll forward of prior year ACA risk sharing provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance.

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col 1 - 3)	Prior Year Accrued Less Payments (Col 2 - 4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
1	2	3	4	5	6	7	8				9	10

NOTES TO FINANCIAL STATEMENTS

	Receivable	Payable	Receivable	Payable	Receivable	Payable	Receivable	Payable	Ref	Receivable	Payable
a. Permanent ACA Risk Adjustment Program											
1. Premium adjustments receivable (including high risk pool payments)	\$ 14,682				\$ 14,682	\$ -			A	\$ 14,682	\$ -
2. Premium adjustments (payable) (including high risk pool premium)		\$(5,092,032)			\$ -	\$(5,092,032)		\$ 51,332	B	\$ -	\$(5,040,700)
3. Subtotal ACA Permanent Risk Adjustment Program	\$ 14,682	\$(5,092,032)	\$ -	\$ -	\$ 14,682	\$(5,092,032)	\$ -	\$ 51,332		\$ 14,682	\$(5,040,700)
b. Transitional ACA Reinsurance Program											
1. Amounts recoverable for claims paid					\$ -	\$ -			C	\$ -	\$ -
2. Amounts recoverable for claims unpaid (contra liability)					\$ -	\$ -			D	\$ -	\$ -
3. Amounts receivable relating to uninsured plans					\$ -	\$ -			E	\$ -	\$ -
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium					\$ -	\$ -			F	\$ -	\$ -
5. Ceded reinsurance premiums payable					\$ -	\$ -			G	\$ -	\$ -
6. Liability for amounts held under uninsured plans					\$ -	\$ -			H	\$ -	\$ -
7. Subtotal ACA Transitional Reinsurance Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
c. Temporary ACA Risk Corridors Program											
1. Accrued retrospective premium					\$ -	\$ -			I	\$ -	\$ -
2. Reserve for rate credits or policy experience rating refunds					\$ -	\$ -			J	\$ -	\$ -
3. Subtotal ACA Risk Corridors Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
d. Total for ACA Risk Sharing Provisions	\$ 14,682	\$(5,092,032)	\$ -	\$ -	\$ 14,682	\$(5,092,032)	\$ -	\$ 51,332		\$ 14,682	\$(5,040,700)

Explanations of Adjustments
B. Adjustments are changes in estimates based on additional information since December 31, 2020.

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year: None.

(5) ACA Risk Corridors Receivable as of Reporting Date: The Plan had no ACA risk corridor receivables for the periods from 2014 to 2016.

NOTE 25 Change in Incurred Claims and Claim Adjustment Expenses

A. Change in Incurred Losses and Loss Adjustment Expenses

The change in prior year estimated claims reserves represents favorable development in claims experience. Original estimates are increased or decreased as additional information becomes known, and as claims payments are processed. Claims unpaid activity during the current period is summarized below:

	Three months ended 3/31/2021
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, beginning of period	\$ 181,068,708
Add provision for claims, net of reinsurance:	
Current year	407,342,824
Prior years	(12,162,589)
Net incurred claims during the current year	395,180,235
Deduct paid claims, net of reinsurance:	
Current year	320,857,864
Prior years	97,675,415
Net paid claims during the current year	418,533,279
Change in claims adjustment expenses	101,092
Change in health care receivables	39,046,933
Unpaid claims liabilities, accrued medical incentives, and claims adjustment expenses, end of period	\$ 196,863,689

B. Information about Significant Changes in Methodologies and Assumptions: The Plan did not make any significant changes in methodologies and assumptions used in the calculation of the liability for claims unpaid and unpaid Claim adjustment expenses as of March 31, 2021.

NOTE 26 Intercompany Pooling Arrangements

None.

NOTE 27 Structured Settlements

None.

NOTE 28 Health Care Receivables

No significant change.

NOTES TO FINANCIAL STATEMENTS

NOTE 29 Participating Policies

None.

NOTE 30 Premium Deficiency Reserves

No significant change.

NOTE 31 Anticipated Salvage and Subrogation

None.

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Michigan, Inc.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [] No [X]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [] No []

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [X] No []

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [] No [X]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes [X] No []

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

1179929

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?
If yes, complete and file the merger history data file with the NAIC.

Yes [] No [X]

4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [] No [X] N/A []

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2018

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2018

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/19/2020

6.4

By what department or departments?
Michigan Department of Insurance and Financial Services

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [] No [] N/A [X]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [X] No [] N/A []

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [] No [X]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]

8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Michigan, Inc.

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [X] No []
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended?

Yes [] No [X]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [] No [X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [] No [X]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)

Yes [] No [X]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$
13.

Amount of real estate and mortgages held in short-term investments:

\$
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates?

Yes [] No [X]
- 14.2

If yes, please complete the following:
- | | 1 | 2 |
|---|---|--|
| | Prior Year-End
Book/Adjusted
Carrying Value | Current Quarter
Book/Adjusted
Carrying Value |
| 14.21 Bonds | \$0 | \$ |
| 14.22 Preferred Stock | \$0 | \$ |
| 14.23 Common Stock | \$0 | \$ |
| 14.24 Short-Term Investments | \$0 | \$ |
| 14.25 Mortgage Loans on Real Estate | \$0 | \$ |
| 14.26 All Other | \$0 | \$ |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$0 | \$0 |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above | \$ | \$ |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes [] No [X]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?
If no, attach a description with this statement.

Yes [] No [] N/A []
16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

\$0
- 16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2

\$0
- 16.3

Total payable for securities lending reported on the liability page.

\$0

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Michigan, Inc.

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank Institutional Trust & Custody	555 SW Oak Street 6th Flr, PD-OR-P6TD Portland, OR 97204

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]
- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
DWS	U.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's invested assets?..... Yes [X] No []

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets?..... Yes [X] No []

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
104518	DWS	CZ83K4EEEX8QVCT3B128	SEC	NO.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [X] No []
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.
- Has the reporting entity self-designated 5GI securities? Yes [] No [X]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:
- a. The security was purchased prior to January 1, 2018.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
 - d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.
- Has the reporting entity self-designated PLGI securities? Yes [] No [X]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:
- a. The shares were purchased prior to January 1, 2019.
 - b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
 - c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.
 - d. The fund only or predominantly holds bonds in its portfolio.
 - e. The current reported NAIC Designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.
 - f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.
- Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [] No [X]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:
- 1.1

A&H loss percent

88.0 %
- 1.2

A&H cost containment percent

2.8 %
- 1.3

A&H expense percent excluding cost containment expenses

12.3 %
- 2.1

Do you act as a custodian for health savings accounts?

Yes [] No [X]
- 2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$
- 2.3

Do you act as an administrator for health savings accounts?

Yes [] No [X]
- 2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$
3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [] No [X]
- 3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [] No [X]

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9	10
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsurer Rating
NONE									

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		1	Direct Business Only								
			2	3	4	5	6	7	8	9	10
States, etc.		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	CHIP Title XXI	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 8	Deposit-Type Contracts
1.	Alabama	AL	N							0	
2.	Alaska	AK	N							0	
3.	Arizona	AZ	N							0	
4.	Arkansas	AR	N							0	
5.	California	CA	N							0	
6.	Colorado	CO	N							0	
7.	Connecticut	CT	N							0	
8.	Delaware	DE	N							0	
9.	District of Columbia	DC	N							0	
10.	Florida	FL	N							0	
11.	Georgia	GA	N							0	
12.	Hawaii	HI	N							0	
13.	Idaho	ID	N							0	
14.	Illinois	IL	N							0	
15.	Indiana	IN	N							0	
16.	Iowa	IA	N							0	
17.	Kansas	KS	N							0	
18.	Kentucky	KY	N							0	
19.	Louisiana	LA	N							0	
20.	Maine	ME	N							0	
21.	Maryland	MD	N							0	
22.	Massachusetts	MA	N							0	
23.	Michigan	MI	L	11,545,551	131,336,986	346,481,705				489,364,242	
24.	Minnesota	MN	N							0	
25.	Mississippi	MS	N							0	
26.	Missouri	MO	N							0	
27.	Montana	MT	N							0	
28.	Nebraska	NE	N							0	
29.	Nevada	NV	N							0	
30.	New Hampshire	NH	N							0	
31.	New Jersey	NJ	N							0	
32.	New Mexico	NM	N							0	
33.	New York	NY	N							0	
34.	North Carolina	NC	N							0	
35.	North Dakota	ND	N							0	
36.	Ohio	OH	N							0	
37.	Oklahoma	OK	N							0	
38.	Oregon	OR	N							0	
39.	Pennsylvania	PA	N							0	
40.	Rhode Island	RI	N							0	
41.	South Carolina	SC	N							0	
42.	South Dakota	SD	N							0	
43.	Tennessee	TN	N							0	
44.	Texas	TX	N							0	
45.	Utah	UT	N							0	
46.	Vermont	VT	N							0	
47.	Virginia	VA	N							0	
48.	Washington	WA	N							0	
49.	West Virginia	WV	N							0	
50.	Wisconsin	WI	N							0	
51.	Wyoming	WY	N							0	
52.	American Samoa	AS	N							0	
53.	Guam	GU	N							0	
54.	Puerto Rico	PR	N							0	
55.	U.S. Virgin Islands	VI	N							0	
56.	Northern Mariana Islands	MP	N							0	
57.	Canada	CAN	N							0	
58.	Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	11,545,551	131,336,986	346,481,705	0	0	0	0	489,364,242	0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX								0	
61.	Totals (Direct Business)	XXX	11,545,551	131,336,986	346,481,705	0	0	0	0	489,364,242	0
DETAILS OF WRITE-INS											
58001.		XXX									
58002.		XXX									
58003.		XXX									
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	0

(a) Active Status Counts:

L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....1

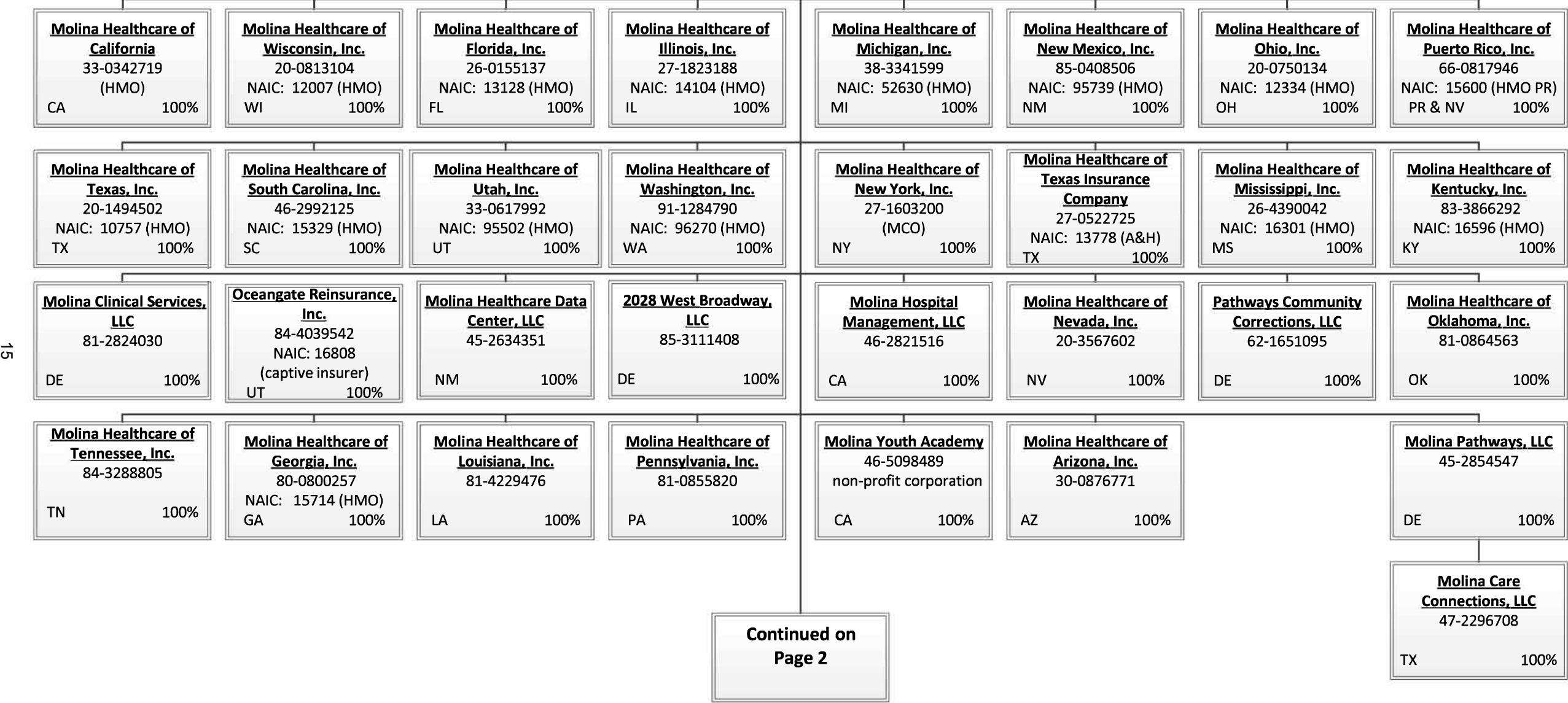
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0

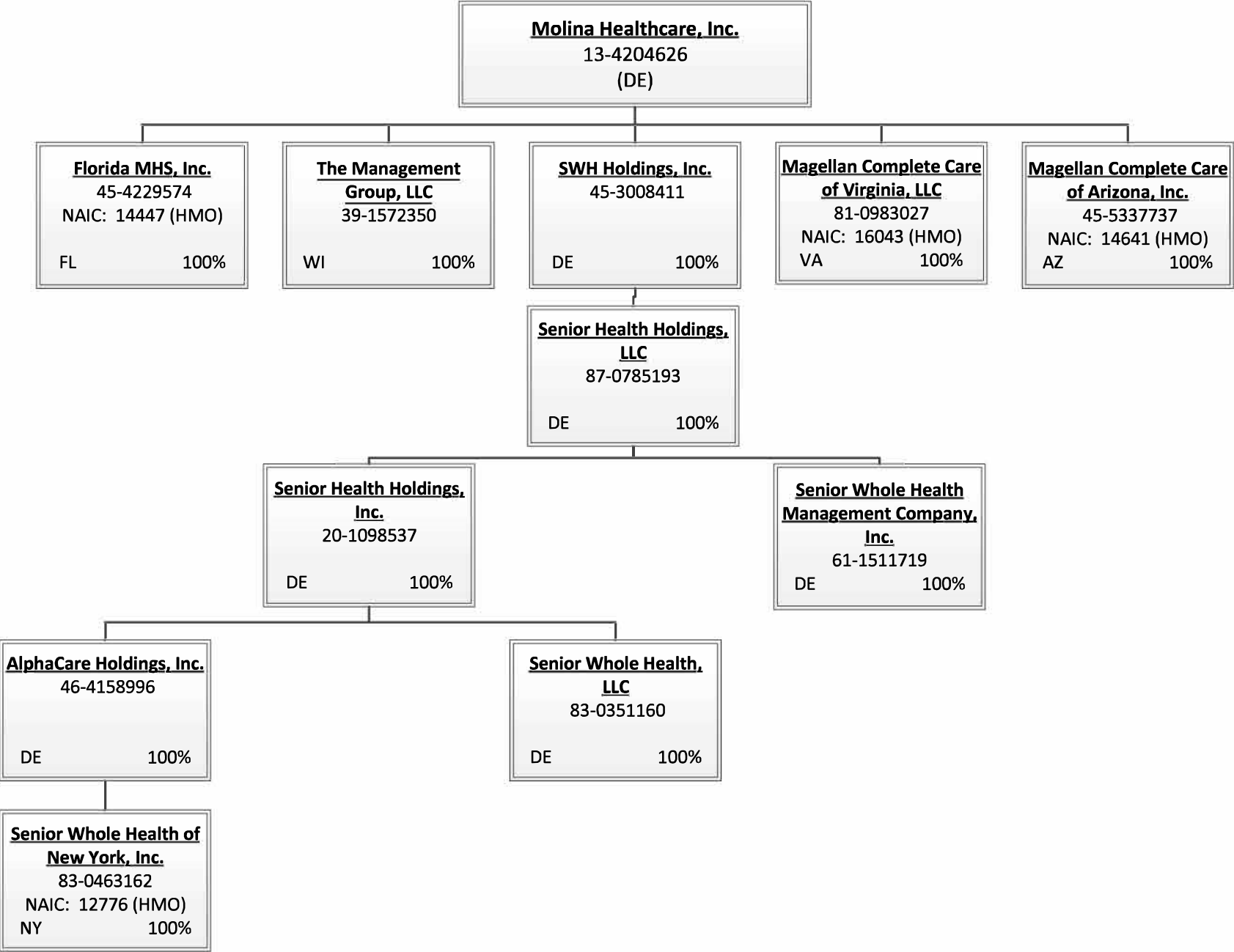
N - None of the above - Not allowed to write business in the state.....56

R - Registered - Non-domiciled RRGs.....0

Q - Qualified - Qualified or accredited reinsurer.0

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Michigan, Inc.





STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE Y
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
1531	Molina Healthcare, Inc.	00000	13-4204626		1179929	New York Stock Exchange	Molina Healthcare, Inc.	DE	UDP	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-2824030				Molina Clinical Services, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-2634351				Molina Healthcare Data Center, LLC	NM	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	30-0876771				Molina Healthcare of Arizona, Inc.	AZ	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	33-0342719				Molina Healthcare of California	CA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	13128	26-0155137				Molina Healthcare of Florida, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15714	80-0800257				Molina Healthcare of Georgia, Inc.	GA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	14104	27-1823188				Molina Healthcare of Illinois, Inc.	IL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	16596	83-3866292				Molina Healthcare of Kentucky, Inc.	KY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-4229476				Molina Healthcare of Louisiana, Inc.	LA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	52630	38-3341599				Molina Healthcare of Michigan, Inc.	MI	RE	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	16301	26-4390042				Molina Healthcare of Mississippi, Inc.	MS	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-3567602				Molina Healthcare of Nevada, Inc.	NV	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	95739	85-0408506				Molina Healthcare of New Mexico, Inc.	NM	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	27-1603200				Molina Healthcare of New York, Inc.	NY	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12334	20-0750134				Molina Healthcare of Ohio, Inc.	OH	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-0864563				Molina Healthcare of Oklahoma, Inc.	OK	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	81-0855820				Molina Healthcare of Pennsylvania, Inc.	PA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15600	66-0817946				Molina Healthcare of Puerto Rico, Inc.	PR	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	15329	46-2992125				Molina Healthcare of South Carolina, Inc.	SC	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	84-3288805				Molina Healthcare of Tennessee, Inc.	TN	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	10757	20-1494502				Molina Healthcare of Texas, Inc.	TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
							Molina Healthcare of Texas Insurance Company								
1531	Molina Healthcare, Inc.	13778	27-0522725					TX	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	95502	33-0617992				Molina Healthcare of Utah, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	96270	91-1284790				Molina Healthcare of Washington, Inc.	WA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12007	20-0813104				Molina Healthcare of Wisconsin, Inc.	WI	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-2821516				Molina Hospital Management, LLC	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-2854547				Molina Pathways, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	47-2296708				Molina Care Connections, LLC	TX	NIA	Molina Pathways, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-5098489				Molina Youth Academy	CA	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	85-3111408				2028 West Broadway, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	16808	84-4039542				Oceangate Reinsurance, Inc.	UT	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	62-1651095				Pathways Community Corrections, LLC	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	14447	45-4229574				Florida MHS, Inc.	FL	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	45-3008411				SWH Holdings, Inc.	DE	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	16043	81-0983027				Magellan Complete Care of Virginia, LLC	VA	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	14641	45-5337737				Magellan Complete Care of Arizona, Inc.	AZ	IA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	87-0785193				Senior Health Holdings, LLC	DE	NIA	SWH Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	20-1098537				Senior Health Holdings, Inc.	DE	NIA	Senior Health Holdings, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	46-4158996				AlphaCare Holdings, Inc.	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	12776	83-0463162				Senior Whole Health of New York, Inc.	NY	IA	AlphaCare Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	39-1572350				The Management Group, LLC	WI	NIA	Molina Healthcare, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	
							Senior Whole Health Management Company, Inc.								
1531	Molina Healthcare, Inc.	00000	61-1511719					DE	NIA	Senior Health Holdings, LLC	Ownership	100.000	Molina Healthcare, Inc.	N	
1531	Molina Healthcare, Inc.	00000	83-0351160				Senior Whole Health, LLC	DE	NIA	Senior Health Holdings, Inc.	Ownership	100.000	Molina Healthcare, Inc.	N	

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

NO

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

SCHEDULE A - VERIFICATION

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Current year change in encumbrances		
4. Total gain (loss) on disposals		
5. Deduct amounts received on disposals		
6. Total foreign exchange change in book/adjusted carrying value		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10. Deduct total nonadmitted amounts		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1 Year to Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and mortgage interest points and commitment fees		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest		
10. Deduct current year's other than temporary impairment recognized		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Total valuation allowance		
13. Subtotal (Line 11 plus Line 12)		
14. Deduct total nonadmitted amounts		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition		
2.2 Additional investment made after acquisition		
3. Capitalized deferred interest and other		
4. Accrual of discount		
5. Unrealized valuation increase (decrease)		
6. Total gain (loss) on disposals		
7. Deduct amounts received on disposals		
8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value		
10. Deduct current year's other than temporary impairment recognized		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	164,283,793	149,707,649
2. Cost of bonds and stocks acquired		63,448,580
3. Accrual of discount	5,782	37,834
4. Unrealized valuation increase (decrease)	12,097	(31,833)
5. Total gain (loss) on disposals	284,870	907,465
6. Deduct consideration for bonds and stocks disposed of	24,411,591	49,258,306
7. Deduct amortization of premium	190,888	772,239
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees		244,643
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10)	139,984,063	164,283,793
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)	139,984,063	164,283,793

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a)	190,329,833	455,035,154	469,086,723	(147,792)	176,130,472	0	0	190,329,833
2. NAIC 2 (a)	38,441,159	42,373,589	30,115,000	(9,752)	50,689,996	0	0	38,441,159
3. NAIC 3 (a)	461,890	0	0	12,108	473,998	0	0	461,890
4. NAIC 4 (a)	0				0			
5. NAIC 5 (a)	0				0			
6. NAIC 6 (a)	0				0			
7. Total Bonds	229,232,882	497,408,743	499,201,723	(145,436)	227,294,466	0	0	229,232,882
PREFERRED STOCK								
8. NAIC 1	0				0			
9. NAIC 2	0				0			
10. NAIC 3	0				0			
11. NAIC 4	0				0			
12. NAIC 5	0				0			
13. NAIC 6	0				0			
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	229,232,882	497,408,743	499,201,723	(145,436)	227,294,466	0	0	229,232,882

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$64,707,371 ; NAIC 2 \$22,603,027 ; NAIC 3 \$0 NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals		XXX			

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	59,528,832
2. Cost of short-term investments acquired		34,702,766
3. Accrual of discount		217,638
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		
6. Deduct consideration received on disposals		94,408,000
7. Deduct amortization of premium		41,236
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

N O N E

Schedule DB - Part B - Verification - Futures Contracts

N O N E

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

N O N E

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

N O N E

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives

N O N E

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	248,571,529	77,882,338
2. Cost of cash equivalents acquired	1,144,222,310	2,926,987,056
3. Accrual of discount	27,558	284,095
4. Unrealized valuation increase (decrease)		
5. Total gain (loss) on disposals		23
6. Deduct consideration received on disposals	1,118,200,625	2,756,580,904
7. Deduct amortization of premium		1,079
8. Total foreign exchange change in book/adjusted carrying value		
9. Deduct current year's other than temporary impairment recognized		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	274,620,772	248,571,529
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)	274,620,772	248,571,529

Schedule A - Part 2 - Real Estate Acquired and Additions Made

N O N E

Schedule A - Part 3 - Real Estate Disposed

N O N E

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

N O N E

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

N O N E

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

N O N E

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

N O N E

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired

N O N E

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recogn- ized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation, NAIC Desig- nation Modifier and SVO Admini- strative Symbol
.31307N-TV-6	FHLMC POOL J32364		03/01/2021	MBS PAYDOWN		197,264	197,264	200,747	197,378	.0	(114)	.0	(114)	.0	197,264	.0	.0	.0	788	11/01/2028	1.A FE
.3136AB-VF-7	FANNIE MAE 13 12A		03/01/2021	MBS PAYDOWN		78,778	78,766	78,458	78,778	.0	.12	.0	.12	.0	78,778	.0	.0	.0	228	11/25/2041	1.A FE
.3138EB-Y9-0	UMBS - POOL AK7035		03/01/2021	MBS PAYDOWN		225,156	225,156	236,502	225,559	.0	(403)	.0	(403)	.0	225,156	.0	.0	.0	1,464	05/01/2042	1.A FE
.3138ER-NX-4	UMBS - POOL AL9405		03/01/2021	MBS PAYDOWN		251,143	251,143	264,122	251,805	.0	(661)	.0	(661)	.0	251,143	.0	.0	.0	1,440	06/01/2044	1.A FE
.3140J9-MA-6	UMBS - POOL BM4852		03/01/2021	MBS PAYDOWN		98,733	98,733	104,981	98,892	.0	(159)	.0	(159)	.0	98,733	.0	.0	.0	673	07/01/2044	1.A FE
.3140J9-PE-5	UMBS - POOL BM4920		03/15/2021	VARIOUS		2,282,951	2,077,754	2,319,942	2,319,942	.0	(17,075)	.0	(17,075)	.0	2,302,868	.0	(19,916)	(19,916)	23,399	10/01/2038	1.A FE
.3140J9-UF-6	UMBS - POOL BM5081		03/01/2021	MBS PAYDOWN		130,093	130,093	141,212	130,563	.0	(469)	.0	(469)	.0	130,093	.0	.0	.0	829	11/01/2048	1.A FE
.3140JA-JP-4	UMBS - POOL BM5669		03/15/2021	VARIOUS		3,016,344	2,734,580	3,053,329	3,053,329	.0	(9,638)	.0	(9,638)	.0	3,043,691	.0	(27,348)	(27,348)	31,489	03/01/2039	1.A FE
.3140Q9-6F-5	UMBS - POOL CA2669		03/15/2021	VARIOUS		1,516,745	1,376,054	1,536,450	1,536,450	.0	(6,049)	.0	(6,049)	.0	1,530,401	.0	(13,655)	(13,655)	15,728	11/01/2038	1.A FE
.31410L-WR-9	UMBS - POOL 890856		03/01/2021	MBS PAYDOWN		201,831	201,831	212,127	202,228	.0	(397)	.0	(397)	.0	201,831	.0	.0	.0	1,087	01/01/2047	1.A FE
3199999	Subtotal - Bonds - U.S. Special Revenues					7,999,038	7,371,386	8,147,870	8,094,912	0	(34,953)	0	(34,953)	0	8,059,958	0	(60,919)	(60,919)	77,125	XXX	XXX
.00724P-AA-7	ADOBE INC		03/15/2021	DIRECT		431,845	421,000	420,423	420,595	.0	.40	.0	.40	.0	420,636	.0	11,209	11,209	4,493	02/01/2023	1.F FE
.02587A-AN-4	AMERICAN EXPRESS CREDIT ACCOUN 19-2 A		03/15/2021	DIRECT		2,565,918	2,500,000	2,553,320	2,529,379	.0	(4,767)	.0	(4,767)	.0	2,524,612	.0	41,306	41,306	17,058	11/15/2024	1.A FE
.06406R-AM-9	BANK OF NY MELLON CORP		03/15/2021	DIRECT		1,540,200	1,500,000	1,498,950	1,499,268	.0	.73	.0	.73	.0	1,499,341	.0	40,859	40,859	17,729	01/27/2023	1.E FE
.24422E-SL-4	JOHN DEERE CAPITAL CORP		03/04/2021	MATURITY at 100.0000		300,000	300,000	303,567	300,584	.0	(584)	.0	(584)	.0	300,000	.0	.0	.0	4,200	03/04/2021	1.F FE
.31677Q-BS-7	FIFTH THIRD BANK		03/15/2021	DIRECT		1,537,005	1,500,000	1,498,740	1,499,119	.0	.88	.0	.88	.0	1,499,207	.0	37,798	37,798	17,025	01/30/2023	1.G FE
.38141G-VU-5	GOLDMAN SACHS GROUP INC		03/25/2021	03/25/2021 SECURITY CALLED AT		500,000	500,000	505,235	500,352	.0	(352)	.0	(352)	.0	500,000	.0	.0	.0	5,469	04/25/2021	2.A FE
.38143U-BF-1	GOLDMAN SACHS GROUP INC		02/25/2021	MATURITY at 100.0000		2,000,000	2,000,000	2,020,260	2,001,462	.0	(1,462)	.0	(1,462)	.0	2,000,000	.0	.0	.0	26,035	02/25/2021	2.A FE
.69371R-P8-3	PACCAR FINANCIAL CORP		03/15/2021	DIRECT		1,026,630	1,000,000	1,020,430	1,010,920	.0	(1,680)	.0	(1,680)	.0	1,009,240	.0	17,390	17,390	9,349	05/10/2022	1.E FE
.808513-AT-2	CHARLES SCHWAB CORP		03/15/2021	DIRECT		2,081,380	2,000,000	2,044,180	2,028,127	.0	(2,945)	.0	(2,945)	.0	2,025,182	.0	56,198	56,198	34,156	01/25/2023	1.F FE
.89389J-AD-4	TRANSPORTATION FINANCE EQUIPME 19-1 A4		03/15/2021	DIRECT		727,528	710,000	709,828	709,884	.0	.10	.0	.10	.0	709,894	.0	17,634	17,634	3,115	03/25/2024	1.A FE
.904764-AX-5	UNILEVER CAPITAL CORP		03/15/2021	DIRECT		2,119,040	2,000,000	2,059,900	2,042,872	.0	(2,767)	.0	(2,767)	.0	2,040,105	.0	78,935	78,935	19,067	05/05/2024	1.E FE
.94989D-AV-1	WELLS FARGO COMMERCIAL MORT 15 C27 A4		03/15/2021	DIRECT		1,583,007	1,489,232	1,553,281	1,541,777	.0	(3,230)	.0	(3,230)	.0	1,538,548	.0	44,460	44,460	13,988	02/15/2048	1.D FM
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					16,412,553	15,920,232	16,188,114	16,084,339	0	(17,576)	0	(17,576)	0	16,066,765	0	345,789	345,789	171,684	XXX	XXX
8399997	Total - Bonds - Part 4					24,411,591	23,291,618	24,335,984	24,179,251	0	(52,529)	0	(52,529)	0	24,126,723	0	284,870	284,870	248,809	XXX	XXX
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					24,411,591	23,291,618	24,335,984	24,179,251	0	(52,529)	0	(52,529)	0	24,126,723	0	284,870	284,870	248,809	XXX	XXX
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	- Totals					24,411,591	XXX	24,335,984	24,179,251	0	(52,529)	0	(52,529)	0	24,126,723	0	284,870	284,870	248,809	XXX	XXX

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open
N O N E

Schedule DB - Part B - Section 1 - Futures Contracts Open
N O N E

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
N O N E

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
N O N E

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
N O N E

Schedule DB - Part E - Derivatives Hedging Variable Annuity Guarantees
N O N E

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
N O N E

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
N O N E

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
US Bank		0.000		0	(2,099,017)	(1,660,383)	(1,460,458)	XXX
US Bank		0.000		0	237,104	242,521	245,083	XXX
JP Morgan Chase		0.000		0	3,173,216	2,959,688	1,757,962	XXX
Bank of America					2,569,603	3,903,035	1,954,061	XXX
JP Morgan Chase					(8,190)	(10,198)	(2,244)	XXX
JP Morgan Chase					(15,188,683)	(15,543,527)	(14,292,264)	XXX
SUNTRUST BK MMF41	0	336,212	336,225	336,239	XXX
US BANK MONEY MARKET FUND			116	0	5,272,597	5,272,637	5,272,667	XXX
0199998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX						XXX
0199999. Totals - Open Depositories	XXX	XXX	157	0	(5,707,158)	(4,500,002)	(6,188,954)	XXX
0299998. Deposits in ... depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX						XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	157	0	(5,707,158)	(4,500,002)	(6,188,954)	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	1,000	1,000	1,000	XXX
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	157	0	(5,706,158)	(4,499,002)	(6,187,954)	XXX

STATEMENT AS OF MARCH 31, 2021 OF THE Molina Healthcare of Michigan, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8	9
CUSIP	Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due and Accrued	Amount Received During Year
0599999. Total - U.S. Government Bonds						0	0	0
	BNG BANK NV		02/26/2021	0.110	04/06/2021	3,549,946	0	369
	FMS WERTMANAGEMENT AOER		03/18/2021	0.140	06/16/2021	2,749,187	0	107
0699999. Subtotal - Bonds - All Other Governments - Issuer Obligations						6,299,133	0	476
1099999. Total - All Other Government Bonds						6,299,133	0	476
1799999. Total - U.S. States, Territories and Possessions Bonds						0	0	0
2499999. Total - U.S. Political Subdivisions Bonds						0	0	0
3199999. Total - U.S. Special Revenues Bonds						0	0	0
	ELECTRICITE DE FRANCE SA		03/26/2021	0.230	06/04/2021	1,249,489	0	48
	IONIC CAPITAL II TRUST		03/11/2021	0.160	04/16/2021	3,749,750	0	350
	SKANDINAVISKA ENSKILDA BANKEN AB		03/18/2021	0.150	06/16/2021	4,998,417	0	271
	BARTON CAPITAL SA		02/22/2021	0.120	04/06/2021	1,999,967	0	253
	SWEDBANK AB		03/24/2021	0.150	06/18/2021	2,639,142	0	88
	ENI FINANCE USA INC		03/18/2021	0.280	06/03/2021	4,997,550	0	506
	AT&T INC		03/23/2021	0.180	04/21/2021	2,999,700	0	135
	AT&T CORP		03/24/2021	0.250	06/17/2021	1,998,931	0	111
	LA FAYETTE ASSET SECURITIZATION LLC		03/01/2021	0.140	04/09/2021	2,249,930	0	271
	MACKINAC FINANCIAL CORP		03/18/2021	0.180	06/16/2021	4,576,260	0	298
	DEXIA CREDIT LOCAL SA		03/12/2021	0.130	04/21/2021	4,999,639	0	361
	SWEDBANK AB		03/17/2021	0.140	06/15/2021	1,304,619	0	76
	VII CREDIT INC		03/26/2021	0.240	05/03/2021	1,999,573	0	80
	FEDERATION DES CAISSES DESJARDINS DU QUE		03/10/2021	0.120	04/08/2021	5,094,886	0	402
	BARTON CAPITAL SA		03/05/2021	0.130	04/07/2021	2,999,935	0	292
	VII CREDIT INC		03/12/2021	0.160	04/15/2021	1,099,932	0	98
	AMERICAN HONDA FINANCE CORP		03/18/2021	0.220	06/03/2021	4,998,075	0	397
	COLLATERALIZED COMMERCIAL PAPER V CO		03/18/2021	0.150	05/24/2021	4,998,896	0	271
	CONSOLIDATED EDISON INC		03/26/2021	0.150	04/26/2021	1,759,817	0	44
	SHEFFIELD RECEIVABLES CO LLC		03/15/2021	0.160	06/10/2021	2,999,067	0	213
	CHESHAM FINANCE LTD		03/31/2021	0.170	04/01/2021	5,000,000	0	24
	AUSTRALIA & NEW ZEALAND BANKING		03/18/2021	0.130	06/18/2021	4,998,592	0	235
	SCHLUMBERGER HOLDINGS CORP		03/10/2021	0.160	04/07/2021	1,499,960	0	147
	VICTORY RECEIVABLES CORP		03/04/2021	0.100	04/07/2021	3,299,945	0	257
	NATIONAL BANK OF CANADA		03/29/2021	0.140	06/23/2021	2,499,193	0	29
3299999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations						81,011,265	0	5,257
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds						81,011,265	0	5,257
4899999. Total - Hybrid Securities						0	0	0
5599999. Total - Parent, Subsidiaries and Affiliates Bonds						0	0	0
6099999. Subtotal - SVO Identified Funds						0	0	0
6599999. Subtotal - Unaffiliated Bank Loans						0	0	0
7699999. Total - Issuer Obligations						87,310,398	0	5,733
7799999. Total - Residential Mortgage-Backed Securities						0	0	0
7899999. Total - Commercial Mortgage-Backed Securities						0	0	0
7999999. Total - Other Loan-Backed and Structured Securities						0	0	0
8099999. Total - SVO Identified Funds						0	0	0
8199999. Total - Affiliated Bank Loans						0	0	0
8299999. Total - Unaffiliated Bank Loans						0	0	0
8399999. Total Bonds						87,310,398	0	5,733
09248U-70-0	BLACKROCK LIQ FDS FED FUND-IN		03/12/2021	0.000		20,005,795	272	0
25160K-20-7	DIWS GOVT MMKT SER-INST		03/12/2021	0.000		12,000,341	397	0
31846V-20-3	FIRST AMERICAN GOV OBLIG - Y		03/12/2021	0.000		1,054,848	0	5
31846V-56-7	FIRST AMERICAN GOV OBLIG-Z		03/12/2021	0.000		59,642,536	1,533	0
40428X-10-7	HSBC US GOVT MMKT-I		03/12/2021	0.000		15,801,550	316	0
4812C0-67-0	JPMORGAN U.S. GOVT MONEY MARKET		03/12/2021	0.000		38,601,851	1,768	0
608919-71-8	FEDERATED GOVT OBLIGATIONS FUND		03/12/2021	0.000		123	21	0
61747C-70-7	MSILF GOVERNMENT PORT-INST		03/12/2021	0.000		85	0	0
825252-88-5	INVESTCO GOVT & AGENCY - INST MMF		03/12/2021	0.000		1,121	0	0
857492-70-6	STATE STATE INST US GOV MMF - PREM		03/12/2021	0.000		40,201,313	1,314	0
949921-12-6	WELLS FARGO GOVT MM FUND SELECT 3802		03/12/2021	0.000		811	2	0
8699999. Subtotal - All Other Money Market Mutual Funds						187,310,374	5,623	5
9999999 - Total Cash Equivalents						274,620,772	5,623	5,738